



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

School District Claim for
State Reimbursement for
School Bus Transportation

State ☐
District ☐
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:		

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
07 Cascade		0098 Great Falls Elem					Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	1	10-1	19	0.95	14	12/20/04		
100	1	10-2	10	0.95	14	12/20/04		
100	1	10-3	26	0.95	14	12/20/04		
70	1	1-1	25	0.95	16	12/20/04		
100	1	11-1	29	0.95	35	12/20/04		
100	1	11-2	15	0.95	35	12/20/04		
100	1	11-3	17	0.95	35	12/20/04		
100	1	1-2	17	0.95	16	12/20/04		
70	1	12-1	10	1.36	66	12/20/04		
100	1	12-2	16	1.36	66	12/20/04		
100	1	12-4	14	1.36	66	12/20/04		
100	1	1-3	1	0.95	16	12/20/04		
100	1	13-2	6	1.36	66	12/20/04		
100	1	13-3	16	1.36	66	12/20/04		
100	1	13-5	19	1.36	66	12/20/04		
70	1	1-4	19	0.95	16	12/20/04		
70	1	14-1	19	1.36	66	12/20/04		
100	1	14-2	17	1.36	66	12/20/04		
70	1	15-1	19	1.36	66	12/20/04		
70	1	15-2	19	1.36	66	12/20/04		
100	1	15-3	10	1.36	66	12/20/04		
70	1	16-1	21	1.36	66	12/20/04		
100	1	16-2	11	1.36	66	12/20/04		
100	1	16-3	10	1.36	66	12/20/04		
70	1	16-4	26	1.36	66	12/20/04		
100	1	17-1	22	1.36	66	12/20/04		
100	1	17-2	20	1.36	66	12/20/04		
100	1	17-3	11	1.36	66	12/20/04		
70	1	18-1	21	1.36	66	12/20/04		
70	1	18-2	22	1.36	66	12/20/04		
100	1	19-1	13	1.36	66	12/20/04		



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District ☐
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent	May 10 to County Superintendent
	February 15 to State Superintendent	May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

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County:	District:	District Level:	
07 Cascade	0098 Great Falls Elem	Elementary	

Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	1	19-2	17	1.36	66	12/20/04		
100	1	19-3	8	1.36	66	12/20/04		
70	1	20-1	17	1.57	77	12/20/04		
100	1	20-2	9	1.57	77	12/20/04		
70	1	20-3	36	1.57	77	12/20/04		
100	1	2-1	30	0.95	20	12/20/04		
100	1	21-1	10	1.57	71	12/20/04		
100	1	21-2	15	1.57	71	12/20/04		
100	1	21-3	10	1.57	71	12/20/04		
100	1	21-4	13	0.00	71	12/20/04		
100	1	2-2	6	0.95	20	12/20/04		
100	1	22-1	11	1.57	71	12/20/04		
100	1	22-2	20	1.57	71	12/20/04		
100	1	22-3	8	1.57	71	12/20/04		
100	1	22-4	19	1.57	71	12/20/04		
100	1	2-3	14	0.95	20	12/20/04		
100	1	23-1	24	1.57	71	12/20/04		
100	1	23-2	22	1.57	71	12/20/04		
100	1	23-3	21	1.57	71	12/20/04		
100	1	2-4	16	0.95	20	12/20/04		
100	1	24-1	18	1.57	77	12/20/04		
100	1	24-2	15	0.00	77	12/20/04		
100	1	24-3	20	0.00	77	12/20/04		
100	1	25-2	30	1.57	71	12/20/04		
70	1	26-1	21	1.57	71	12/20/04		
70	1	26-2	24	1.57	71	12/20/04		
70	1	27-1	22	1.57	72	12/20/04		
70	1	27-2	26	1.57	72	12/20/04		
70	1	28-1	41	1.57	71	12/20/04		
70	1	28-2	38	1.57	71	12/20/04		
70	1	29-1	44	1.57	71	12/20/04		



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DUE DATES:	First Semester	Second Semester
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COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:		

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month day month day

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Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
07 Cascade		0098 Great Falls Elem					Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
70	1	29-2	44	1.57	71	12/20/04		
100	1	30-1	13	1.57	71	12/20/04		
100	1	30-2	23	1.57	71	12/20/04		
100	1	30-3	10	1.57	71	12/20/04		
100	1	30-4	32	1.57	71	12/20/04		
100	1	3-1	28	0.95	10	12/20/04		
100	1	31-1	27	1.57	71	12/20/04		
100	1	31-2	14	0.00	71	12/20/04		
100	1	31-3	49	1.57	71	12/20/04		
100	1	3-2	16	0.95	10	12/20/04		
70	1	32-1	31	1.57	71	12/20/04		
70	1	32-2	29	1.57	71	12/20/04		
100	1	3-3	24	0.95	10	12/20/04		
100	1	33-1	6	1.57	71	12/20/04		
100	1	33-3	9	1.57	71	12/20/04		
100	1	33-4	12	1.57	71	12/20/04		
70	1	34-1	17	1.57	71	12/20/04		
70	1	34-2	41	1.57	71	12/20/04		
70	1	35-1	29	1.36	66	12/20/04		
70	1	35-2	27	1.36	66	12/20/04		
100	1	36-2	12	0.00	71	12/20/04		
100	1	36-3	8	0.00	71	12/20/04		
100	1	36-4	13	0.00	71	12/20/04		
100	1	37-1	8	1.57	71	12/20/04		
100	1	37-2	23	1.57	71	12/20/04		
100	1	37-3	9	1.57	71	12/20/04		
100	1	37-4	20	1.57	71	12/20/04		
100	1	38-1	8	1.57	71	12/20/04		
100	1	38-2	27	1.57	71	12/20/04		
100	1	38-3	5	1.57	71	12/20/04		
100	1	38-4	28	1.57	71	12/20/04		



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County:	District:	District Level:	
07 Cascade	0098 Great Falls Elem	Elementary	

Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	1	39-2	11	0.00	77	12/20/04		
100	1	40-2	32	1.57	71	12/20/04		
100	1	41-1	13	1.57	71	12/20/04		
100	1	41-2	23	0.00	71	12/20/04		
100	1	41-3	12	1.57	71	12/20/04		
100	1	41-4	24	0.00	71	12/20/04		
100	1	4-2	10	0.95	24	12/20/04		
100	1	42-1	13	1.57	71	12/20/04		
100	1	42-2	8	1.57	71	12/20/04		
100	1	42-3	16	0.00	71	12/20/04		
100	1	4-3	18	0.95	24	12/20/04		
100	1	43-1	25	1.57	71	12/20/04		
100	1	43-2	25	1.57	71	12/20/04		
100	1	44-1	16	1.36	66	12/20/04		
100	1	44-2	21	0.00	66	12/20/04		
100	1	44-3	11	1.36	66	12/20/04		
100	1	44-4	12	0.00	66	12/20/04		
100	1	4-5	20	0.95	24	12/20/04		
70	1	45-1	20	1.57	71	12/20/04		
70	1	45-2	20	1.57	71	12/20/04		
100	1	46-2	9	0.00	78	12/20/04		
70	1	47-1	31	1.57	71	12/20/04		
70	1	47-2	31	1.57	71	12/20/04		
100	1	48-1	24	1.57	72	12/20/04		
100	1	48-2	20	1.57	72	12/20/04		
70	1	48-3	31	1.57	72	12/20/04		
100	1	49-1	12	1.57	71	12/20/04		
100	1	49-2	9	0.00	71	12/20/04		
100	1	49-3	6	0.00	71	12/20/04		
100	1	49-4	8	1.57	71	12/20/04		
100	1	49-5	26	1.57	71	12/20/04		



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County ☐

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month day month day

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Date	Signature, Chair, Board of Trustees		
County:	District:	District Level:	
07 Cascade	0098 Great Falls Elem	Elementary	

Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	1	50-2	7	0.00	77	12/20/04		
100	1	5-1	15	0.95	29	12/20/04		
100	1	51.1	5	0.00	71	12/20/04		
100	1	51.2	13	0.00	71	12/20/04		
100	1	51-3	5	0.00	71	12/20/04		
100	1	51-4	13	0.00	71	12/20/04		
100	1	5-2	14	0.95	29	12/20/04		
70	1	52-1	18	1.57	77	12/20/04		
70	1	52-2	25	1.57	77	12/20/04		
100	1	5-3	8	0.95	29	12/20/04		
100	1	53-1	26	1.57	72	12/20/04		
100	1	53-2	30	1.57	72	12/20/04		
100	1	53-3	6	0.00	72	12/20/04		
100	1	53-4	28	1.57	72	12/20/04		
70	1	6-1	26	0.95	48	12/20/04		
100	1	6-2	6	0.95	48	12/20/04		
100	1	6-3	7	0.95	48	12/20/04		
70	1	6-4	25	0.95	48	12/20/04		
100	1	6-5	11	0.95	48	12/20/04		
100	1	7-1	16	0.95	12	12/20/04		
100	1	7-2	25	0.95	12	12/20/04		
100	1	7-3	19	0.95	12	12/20/04		
70	1	8-1	30	0.95	48	12/20/04		
100	1	8-2	8	0.95	48	12/20/04		
100	1	8-3	8	0.95	48	12/20/04		
70	1	8-4	32	0.95	48	12/20/04		
100	1	8-5	10	0.95	48	12/20/04		
70	1	9-1	24	0.95	14	12/20/04		
70	1	9-2	29	0.95	14	12/20/04		
70	1	9-3	23	0.95	14	12/20/04		
100	1	S-1-1	28	0.95	35	12/20/04		



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PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
School Bus Transportation**

State ☐
District ☐
County ☐

**DUE
DATES:**

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

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Date		Signature, Chair, Board of Trustees						
County: 07 Cascade		District: 0098 Great Falls Elem					District Level: Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	1	S-1-2	9	0.95	35	12/20/04	_____	_____
100	1	S-1-3	9	0.95	35	12/20/04	_____	_____
100	1	S-1-4	15	0.95	35	12/20/04	_____	_____



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County:		District:					District Level:	
07 Cascade		0099 Great Falls H S					High School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
30	A	1-1	25	0.95	16	12/20/04		
30	A	12-1	10	1.36	66	12/20/04		
100	A	12-3	17	1.36	66	12/20/04		
100	A	13-1	10	1.36	66	12/20/04		
100	A	13-4	20	1.36	66	12/20/04		
30	A	1-4	19	0.95	16	12/20/04		
30	A	14-1	19	1.36	66	12/20/04		
30	A	15-1	19	1.36	66	12/20/04		
30	A	15-2	19	1.36	66	12/20/04		
30	A	16-1	21	1.36	66	12/20/04		
30	A	16-4	26	1.36	66	12/20/04		
30	A	18-1	21	1.36	66	12/20/04		
30	A	18-2	22	1.36	66	12/20/04		
30	A	20-1	17	1.57	77	12/20/04		
30	A	20-3	36	1.57	77	12/20/04		
100	A	25-1	29	1.57	71	12/20/04		
30	A	26-1	21	1.57	71	12/20/04		
30	A	26-2	24	1.57	71	12/20/04		
30	A	27-1	22	1.57	72	12/20/04		
30	A	27-2	26	1.57	72	12/20/04		
30	A	28-1	41	1.57	71	12/20/04		
30	A	28-2	38	1.57	71	12/20/04		
30	A	29-1	44	1.57	71	12/20/04		
30	A	29-2	44	1.57	71	12/20/04		
30	A	32-1	31	1.57	71	12/20/04		
30	A	32-2	29	1.57	71	12/20/04		
100	A	33-2	8	1.57	71	12/20/04		
100	A	33-5	9	1.57	71	12/20/04		
30	A	34-1	17	1.57	71	12/20/04		
30	A	34-2	41	1.57	71	12/20/04		
30	A	35-1	29	1.36	66	12/20/04		



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County:		District:					District Level:	
07 Cascade		0099 Great Falls H S					High School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
30	A	35-2	27	1.36	66	12/20/04		
100	A	36-1	12	1.57	71	12/20/04		
100	A	39-1	19	1.57	77	12/20/04		
100	A	39-3	19	1.57	77	12/20/04		
100	A	40-1	15	1.57	71	12/20/04		
100	A	40-3	17	1.57	77	12/20/04		
100	A	4-1	18	0.95	24	12/20/04		
100	A	4-4	19	0.95	24	12/20/04		
30	A	45-1	20	1.57	71	12/20/04		
30	A	45-2	20	1.57	71	12/20/04		
100	A	46-1	26	1.57	78	12/20/04		
100	A	46-3	26	1.57	78	12/20/04		
30	A	47-1	31	1.57	71	12/20/04		
30	A	47-2	31	1.57	71	12/20/04		
30	A	48-3	31	1.57	72	12/20/04		
100	A	50-1	29	1.57	77	12/20/04		
100	A	50-3	30	1.57	77	12/20/04		
30	A	52-1	18	1.57	77	12/20/04		
30	A	52-2	25	1.57	77	12/20/04		
30	A	6-1	26	0.95	48	12/20/04		
30	A	6-4	25	0.95	48	12/20/04		
30	A	8-1	30	0.95	48	12/20/04		
30	A	8-4	32	0.95	48	12/20/04		
30	A	9-1	24	0.95	14	12/20/04		
30	A	9-2	29	0.95	14	12/20/04		
30	A	9-3	23	0.95	14	12/20/04		



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February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
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07 Cascade		0101 Cascade Elem					Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
50	3	1	94.6	1.15	54	12/24/04	_____	_____
50	3	2	107.6	1.15	59	12/24/04	_____	_____
50	3	3	93.2	1.15	54	12/20/04	_____	_____
50	3	4	122.4	1.80	84	12/24/04	_____	_____
50	3	4A	122.4	1.80	84	12/24/04	_____	_____
50	3	5	84	1.80	84	12/24/04	_____	_____
100	3	5A	84	1.80	84	12/24/04	_____	_____
50	3	6	40.5	0.95	28	12/24/04	_____	_____
50	3	7	136	0.95	18	12/24/04	_____	_____
50	3	8	80.2	0.95	18	12/24/04	_____	_____



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07 Cascade		0102 Cascade H S					High School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
50	B	1	94.6	1.15	54	12/24/04	_____	_____
50	B	2	107.6	1.15	59	12/24/04	_____	_____
50	B	3	93.2	1.15	54	12/20/04	_____	_____
50	B	4	122.4	1.80	84	12/24/04	_____	_____
50	B	4A	122.4	1.80	84	12/24/04	_____	_____
50	B	5	84	1.80	84	12/24/04	_____	_____
0	B	5A	84	1.80	84	12/24/04	_____	_____
50	B	6	40.5	0.95	28	12/24/04	_____	_____
50	B	7	136	0.95	18	12/24/04	_____	_____
50	B	8	80.2	0.95	18	12/24/04	_____	_____



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
School Bus Transportation**

State ☐
District ☐
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent	May 10 to County Superintendent
	February 15 to State Superintendent	May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
07 Cascade		0104 Centerville Elem					Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
50	5	1	32.5	1.36	60	12/09/04	_____	_____
50	5	2	111.2	1.36	60	12/09/04	_____	_____
50	5	3	60	1.57	72	12/09/04	_____	_____
50	5	4	84	1.36	60	12/09/04	_____	_____
50	5	5	106.8	1.57	72	12/09/04	_____	_____



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County:		District:					District Level:	
07 Cascade		0105 Centerville H S					High School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
50	C	1	32.5	1.36	60	12/09/04	_____	_____
50	C	2	111.2	1.36	60	12/09/04	_____	_____
50	C	3	60	1.57	72	12/09/04	_____	_____
50	C	4	84	1.36	60	12/09/04	_____	_____
50	C	5	106.8	1.57	72	12/09/04	_____	_____



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Date	Signature, Chair, Board of Trustees							
County: 07 Cascade	District: 0112 Belt Elem					District Level: Elementary		
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
50	29	1	94.6	1.36	60	12/24/04	_____	_____
50	29	1Non	66.6	0.50	60	12/24/04	_____	_____
50	29	2	70	1.36	60	12/27/04	_____	_____
50	29	3	70	1.36	60	12/24/04	_____	_____
50	29	4	96	1.36	60	01/29/05	_____	_____
50	29	5	81	1.36	60	01/29/05	_____	_____



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DUE DATES:	First Semester	Second Semester
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County:	District:					District Level:		
07 Cascade		0113 Belt H S					High School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
50	D	1	94.6	1.36	60	12/24/04	_____	_____
50	D	1Non	66.6	0.50	60	12/24/04	_____	_____
50	D	2	70	1.36	60	12/27/04	_____	_____
50	D	3	70	1.36	60	12/24/04	_____	_____
50	D	4	96	1.36	60	01/29/05	_____	_____
50	D	5	81	1.36	60	01/29/05	_____	_____



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**School District Claim for
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District ☐
County ☐

**DUE
DATES:**

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

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Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
07 Cascade		0118 Simms H S					High School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
10	F	1	62	1.57	78	12/13/04	_____	_____
30	F	2	90	1.36	66	12/13/04	_____	_____
65	F	3	80	1.36	66	12/13/04	_____	_____
65	F	3A	88	1.36	66	12/13/04	_____	_____
30	F	4	81	1.57	72	12/21/04	_____	_____
75	F	5	99	1.36	66	12/21/04	_____	_____
25	F	6	66	1.36	66	12/21/04	_____	_____
25	F	7	69	1.36	66	12/13/04	_____	_____



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County ☐

**DUE
DATES:**

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

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month day month day

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Date		Signature, Chair, Board of Trustees						
County: 07 Cascade		District: 0127 Vaughn Elem					District Level: Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	74	1	45	1.57	70	01/15/05	_____	_____
100	74	2	99	0.95	48	01/13/05	_____	_____



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DATES:**

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
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Date		Signature, Chair, Board of Trustees						
County: 07 Cascade		District: 0131 Ulm Elem					District Level: Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	85	1	56.8	1.57	71	01/29/05		



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DATES:**

First Semester
February 1 to County Superintendent
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County:		District:					District Level:	
07 Cascade		1225 Sun River Valley Elem					Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
90	55	1	62	1.57	78	12/13/04	_____	_____
70	55	2	90	1.36	66	12/13/04	_____	_____
35	55	3	80	1.36	66	12/13/04	_____	_____
35	55	3A	88	1.36	66	12/13/04	_____	_____
70	55	4	81	1.57	72	12/21/04	_____	_____
25	55	5	99	1.36	66	12/21/04	_____	_____
75	55	6	66	1.36	66	12/21/04	_____	_____
100	55	6A	50	1.36	66	12/21/04	_____	_____
75	55	7	69	1.36	66	12/13/04	_____	_____